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ORIGINAL ARTICLE.

Two Operations that Made Pregnancy Possible.

By D. K. LONGSHORE, M.D., TOPEKA, KAS.

Read before the Kansas Medical Society, May 16, 1895.

The heart of the doctor is gladdened some times by the announcement by a lady that pregnancy is not possible with her, and that she would like it made so by medical or surgical skill. We immediately proceed to discover the mechanical obstructions and any other hindrance if possible. Three or four years ago a lady came to me with a profuse leucorrhea and erosion of the os over an extensive surface. I made local applications of iodine, etc. She used hot water douches or a few weeks, during which time the cystic degeneration of the cervix became more manifest. I proposed curetting the cervix and deep incisions of the tissues that would lay open the parts and allow the cysts to be emptied or destroyed. Hot irrigation and the corrosive tablets were used all the time. The patient suggested that if I gave chloroform I should call in a certain good doctor of mutual acquaintance. We did so, and he suggested removing a solid piece from the anterior lip. We each did according to our own light and the result is that the cervix was so well drained that it assumed a normal size—having been as large as the body of the uterus itself. The leucorrhea ceased, the erosion healed and in a year pregnancy took place, the lady having been married eight years.

In case second the vagina was no larger

than a straw, just room enough for the menstrual fluid to pass. Anesthesia was necessary for the introduction of the index finger or speculum. A band crossed the posterior wall of the vagina. Dilatation of two inches was accomplished the first day. Irrigation was kept up five days and dilatation every day for two weeks. She yielded to chloroform slowly. When lying at rest she seemed completely under its influence, but a turn of the dilator screw would excite a contraction in almost every muscle in her body. At the third dilatation the tissues parted on each side of the vagina, but the posterior band did not yield until I placed the bivalve speculum in the lateral position and incised the posterior wall in two places for two inches from above downwards, about as deep as to not cut the rectal mucous membrane. This ended our acquaintance. She proceeded with listerine and douching and a dilator that she could use herself. The last heard from her was several months pregnancy. She is anxious for the outcome of labor. The *New York Medical Record* of Nov. 17, 1894, gives a cut of two cases. One with one posterior band, and one with two bands. Dr. H. N. Vineberg, New York Post Graduate School, is the author of the article. He calls them rings. They are pictured as rings, and he dissected them out and brought the upper and lower edges together with several stitches and obtained a good result. He of course thought his method better than forced dilatation. Nothing succeeds like success, and I am apt to think I am right when I succeed. I have never met with an imperforate hymen. Once with the occlusion of the internal os that I reported in this Society some years ago.

DISCUSSION.

Dr. Ward, being called upon to open the discussion, said: I do not care to discuss.

this paper at any length; the lessons were interesting and the results perfect. I was in hopes from the title of the paper that we should hear something about operations on the fallopian tubes in diseased conditions, with pregnancy following; however, the paper is valuable. I have had two similar cases myself within the last year; the results were perfect and the ladies are now happy in pregnancy.

Report of a Case of Copperhead Snakebite, in Which Exterme Pain and Syncope Were the Most Prominent Symptoms—With Recovery.

BY EDWARD H. SCHAEFER, M.D., KANSAS CITY, MO.

On the afternoon of September 17, 1895, at about 3 o'clock, Mrs. O., aged 55, the wife of a farmer living a few miles west of the town of Olathe, Kansas, while out in the field removing portions of hay that had clogged up a mowing-machine, was bitten by a copperhead snake (*Trigonocephalus contortrix*), which had been pierced and held imprisoned by the sicklebar of the mower. The fangs of the reptile imbedded themselves between the thumb and index-finger on the dorsal aspect of the left hand. No ligature was applied to the hand nor was suction employed to the wound in order to prevent the absorption of the poison into the circulation. The woman was placed in a wagon and taken to town where she was treated by Dr. Peter Julian in his office. Large quantities of whisky were given to her and aqua ammoniæ applied to the bitten hand. No other remedied were given at that time. The woman's condition becoming worse, Dr. R. A. Williams was sent for at 9 o'clock P. M., and on his arrival found the woman almost collapsed. The hand and arm were swollen and the systemic effect of the snake-toxin was manifesting itself. The pain was excruciating; the heart's action became irregular and fluttering; the face was blanched and extreme nausea with vertigo supervened.

Dr. Williams gave a hypodermatic injec-

tion of $\frac{1}{4}$ -grain of sulphate of morphine and 1-150-grain of sulphate of atropine combined, and repeated the latter in two hours. There being no sulphate of strychnine on hand, compound nitroglycerine tablets were given by the mouth. After a while the action of the heart-stimulants manifested selves and the condition of the circulation was greatly improved, so that by midnight the woman was allowed to be taken to the house of a relative in town. The next day the bitten hand and arm were considerably swollen and an erythematous inflammation extended to the upper portion of the arm near the shoulder, the line of demarkation being well defined. The patient complained of much pain in the arm which was increased on touching it. For the following three or four days only a slight improvement was noticeable in the woman's condition.

The heart's action was slow and feeble and the rate of pulsation often fell to thirty beats a minute. When the patient would raise up in bed, dizziness would overcome her. There was no elevation of temperature at any time during her illness. The skin along the ulnar surface to the bend of the elbow was œdematous and pressure by the finger left deep depressions just as in dropsical swellings. A few inches below the axillary margin of the arm an erythematous patch appeared on the fifth day, marking the limit of the swollen arm. This erythema encircled one-half of the arm. There was also considerable swelling of the skin in the vicinity of the pectoral region on the affected side. There were neuralgic pains across the chest, in the abdominal muscles and in the leg of the affected side.

A few weeks after the woman seemed to be convalescent from the effects caused by the snakebite, when she was again taken ill with what appeared to be the sequelæ of the snake-toxin. She would complain of faintness, oppressive feeling about the heart and an extreme nervousness was observed which did not coincide with her temperament, she being phlegmatic. At night these nervous symptoms would be most marked and a condition, resembling a horror for snakes, a so-called *ophidia-phobia*, presented

itself. As her attendants say, she would hiss and dart like a snake. From this condition the woman eventually recovered. The treatment for the first two days after the occurrence of the bite, consisted in applying cold compresses to the swollen arm. This was followed by painting with iodine, then wrapping the arm in cotton on which vaseline was spread. Internally, a combination of strychnine and syrup of the hypophosphites was given.

On looking over the literature of copperhead snakebites I find the case of a boy 6 years old reported by Dr. G. A. Kunkler in the *American Journal of the Medical Sciences*, April, 1883. The boy died during a convulsion on the fourth day, after being bitten on the foot by a copperhead. Dr. E. P. King (*American Journal of the Medical Sciences*, April, 1884, p. 428), treated a patient in whom well-marked toxic symptoms were developed after being bitten by a copperhead which, although torpid, had recovered its activity under the influence of heat.

The treatment of snakebite is, as a matter of course, very empirical and unsatisfactory. The therapeutic belief in the efficacy of whisky is a traditional survival. In fatal bites from venomous snakes, the physician is utterly helpless and finds his therapeutic armamentarium in an extremely inchoate state.

Judging from the studies of Dr. A. Calmette, of Paris, who has been experimenting with snake-venom, we have a right to hope that the day is not far distant when an ideal serum (snake-venom-antitoxin) will be produced that will be able to give immunity against the effects of the most dangerous and deadly snake poisons.

Draining of the Peritoneal Cavity.

Arch. f. Gyn.

The author believes the indications for draining the peritoneal cavity are given by Christopher Martin, namely:

1. When peritonitis or ascites is present.

2. If the peritoneum has been brought in contact with tears, urine, pus or decomposed contents of a tumor during the operation.

3. After irrigating the abdominal cavity.

4. When extensive adhesions have divided.

5. When parenchymatous hemorrhage takes place from any cause.

6. When one suspects that intestine or bladder may be injured.

Indications 1 and 3 need modifying somewhat in that it is not necessary to drain after opening the abdomen for simple ascites nor after irrigation with normal salt-solution.

The two drains in use are tubes of glass or rubber and absorbent material. The tubes are very popular in England. The secretion, as it collects, is drawn out with a syringe or sponged out by a bit of gauze. The absorbent drains are usually made of gauze or lampwicking, or tubes filled with some porous material.

The author believes that the tubular drains are of doubtful utility, and the gauze drains of Mikulicz should be used almost exclusively, and when possible should be passed to the vagina.

The indication for moving the drain depends upon the presence or absence of blood serum. If the serum which comes away is perfectly colorless and there are no general symptoms the drain may be removed after 24 hours, and the abdominal opening closed by a suture inserted at the time of the operation.

In these cases the course is the same as those in which no drainage has been used. Another indication for removing the drain is the presence of a thick sticky serous discharge containing neither blood nor pus, and not exceeding from 30 to 50 gme. in 12 hours.

In those cases in which one expects complication it is well to put in a strip of iodoform gauze after removing the drain and gradually diminish the quantity of the gauze as the wound heals. In suppurative cases the above procedure is always necessary.

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Topeka, Kansas, Saturday, Dec. 14, 1895.

Dissecting Material.

Physicians are required to be skilled in knowledge of anatomy and should a physician attempt to practice medicine with the announcement that he had never dissected a human body his success would be forestalled. We are expected to dissect, but we are supposed to do this without the public becoming aware of it until we are full-fledged practitioners. It is true most States provide that all unclaimed bodies may be used for scientific purposes, but the sentiment is so opposed to this that even these subjects must be secured secretly. Most every college has had to give up bodies to which they were equally entitled and to which no other legal claim had been made, in order to avoid the great censure which is

heaped upon them by their so-called "inhuman practice."

Many men who stand most prominent in the medical profession of the country today risked their lives for years in order to advance the science of medicine, and because they could not secure necessary material in a legitimate way. They were never discovered and consequently received no censure.

Medical colleges, from the publicity of their work and from the fact that they are always open to suspicion, are always careful to guard against any act that may in any way appear illegal.

Kansas Medical College.

The present excitement in Topeka over the finding of some dissecting material at the Kansas Medical College is only a recurrence of the trouble which every institution has at some time to undergo. Popular sentiment is so opposed to the idea of dissection that no plan for furnishing material will meet the approval of the public. The final result must be that colleges will claim all material to which they are legally entitled, and claim the protection of the law in this demand. That grave robbing is reprehensible cannot for a moment be denied, and the connection with this crime, which has been imputed to the college authorities, is unjust and unreasonable.

We predict that the college will come out of its present difficulties with its skirts clear of all intentional or accidental connection with crime, and that its progress will be greater than ever before. We are informed that the work at the college is being continued with the usual regularity and the classes are all in attendance as usual.

Why Opium Habitues Prevaricate.

Medical Record.

The President, Mr. Andrew H. Smith, could see no reason why opium should tend any more toward destruction of the moral

sense than alcohol. The only difference was, he thought, that the person taking alcohol usually found no necessity for concealing it, while one taking opium always did so stealthily. At first he lied only with regard to this habit, but by degrees he became accustomed to prevaricate. He thought it was wrong to try to corner such patients and convict them of their habit against their statement, for it only precipitated the habit of untruthfulness.

Regarding gradual withdrawal of opium, the usual method was to reduce the quantity by, say, one drop a dose. This meant a reduction, perhaps, of one-tenth the first day, one-ninth the next, one-eighth the next, and so on, the increase becoming rapid and distressful to the patient. The President had found a better method to consist in filling up the bottle, if a liquid preparation were taken, by adding water or alcohol after each use. By this method the reduction was by a smaller percentage each subsequent dose, but the amount of opium taken finally became infinitesimal. He found in practice two classes of opium habitues. The first class took the drug for the relief of pain or some form of suffering, and for that reason had not the fortitude to lay it aside. The second class, much less numerous, could lay it aside, but continued to take it because of the mental excitement which it caused. The latter were the most intractable. He had known such persons to drop opium for a long time, until all necessity for it must have been lost, and then, when the favorable opportunity came, they deliberately returned to its pleasant sensations.

The President said he had not been able to detect opium in the urine unless it were taken in considerable quantity. He asked for the experience of others in that direction. He supposed all knew that a single dose might send the temperature up, but he did not know whether, after continued use of the drug, the system ceased to respond in this way.

As to depriving the patient of the drug suddenly and entirely, he recalled the case of a physician, an intelligent man, who had

been under the care of many doctors at different times: At one time his life seemed to be a complete wreck. Finally it was found that by allowing him a certain amount of morphine every day it would not incapacitate him, and he could attend to a large consultation practice. There was no reason why this moderate amount of morphine, which was essential to him as his daily food, should be cut off. He knew one woman who had become a wretched creature through the use of morphine, mentally, morally and physically. Under some influence she gave up the drug, regained her health and beauty, and happiness was restored to her family. After a number of years, within the last year or two, she had gone back to opium, and was again becoming a wreck. It was difficult to understand why a person, after such an experience, and after so long a respite, should fall a victim to the drug again.

Regarding habitual headaches, they were difficult to meet at times, and often it seemed cruel to withhold a single injection of morphine which was capable of giving relief. He could hardly bring himself to say that it was wrong to use the drug in such cases when the intervals were long and the danger of establishing the morphine habit was not so great. In one case the woman had suffered about once a month for years, and he was in the habit of giving her relief with a single hypodermic injection of morphine. Finally he induced her to consent to an operation for very slight strabismus, and from that time the headaches had ceased and she had received no more morphine.

Dr. Walker closed the discussion.

Lumbar Puncture.

International Journal of Surgery.

The procedure of spinal puncture which was first recommended by Quincke, more than four years ago, has recently attracted considerable attention as a means of diagnosed and treatment in certain diseases of the brain, although it has not been utilized to any extent in this country. This method,

which is based upon the existence of a communication between the subarachnoid space and the ventricles of the brain, consists in the tapping of the vertebral canal with a fine aspirating needle, or the needle of a large hypodermic syringe in the lumbar region between the second and fifth lumbar vertebrae. It is still a matter of question whether this method is chiefly of diagnostic or therapeutic value. According to Furbringer, it is especially valuable for diagnostic purposes, enabling the physician to differentiate between tubercular meningitis and the serous and purulent forms of the disease. In 80 per cent. of the thirty-seven cases observed by Furbringer the diagnosis of tubercular meningitis was confirmed by the detection of tubercle bacilli in the fluid evacuated by puncture. Ewald, Naunyn, Heubner, Freyhan and Senator have also directed attention to the diagnostic importance of lumbar puncture. Aside from the presence of tubercle bacilli, the occurrence of pus, blood, or even of an excessive amount of albumin may also be of some diagnostic significance. It has been emphasized by Lichtheim that in doubtful cases the presence of purulent meningitis may be positively demonstrated by the existence of pus in the fluid withdrawn. From a practical standpoint this may be of importance in operations for cerebral abscess or sinus thrombosis, by showing whether or not the primary disease is complicated by a purulent meningitis. Heubner points out that by determining the amount of albumen in the fluid it is possible, to a certain extent, to differentiate between inflammatory and non-inflammatory affections, the quantity being considerably increased in the former, while according to Quincke it is diminished in cerebral tumors. Freyhan thinks that in hemorrhages into the brain this procedure may occasionally prove of utility in enabling the surgeon to decide upon the necessity of an operation. In cases where punctures at several places reveal the presence of blood in the evacuated fluid, it may be assumed that a marked destruction of brain tissue with effusion of blood into the ventricles at present, in which event tre-

phining would be contra-indicated, while if the spinal fluid is only tinged with blood, a subdural hematoma probably exists and an operation is admissible.

With regard to the value of lumbar puncture as a therapeutic agent it is far more difficult to form an opinion. In general it must be regarded rather as a palliative than a curative proceeding. There is no doubt, however, that in certain cerebral affections simple relief of pressure produced by the withdrawal of fluid may exert a salutary influence. In four cases of cerebral tumors, one of which went on to recovery, Furbringer was enabled by this means to effect considerable relief of the violent headache and other symptoms. Fraenkel relates two cases in which the symptoms pointed to the presence of cerebral tumor, and where the tapping materially contributed to recovery by relieving the pressure symptoms (headache, paralysis, choked disk, etc.) Heubner has noted that in tubercular meningitis lumbar puncture has a very beneficial action, ameliorating the severe convulsions, vomiting and headache. He also thinks that in congenital hydrocephalus it may be preferable to tap the vertebral canal than to employ the ordinary method, both on the score of simplicity and freedom from risk. In our own country Dr. Caille (*N. Y. Med. Jour.*) seems to be the only one who has made use of this procedure. In two of the three cases of tubercular meningitis in which it was resorted to, tubercle bacilli were found in the flaky sediment of the cerebro-spinal fluid. His conclusions based upon a study of the literature and his own experience are that tapping of the spine may be safely employed to relieve pressure symptoms in various forms of disease, and that its diagnostic value is firmly established.

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The Significance of Gestures Descriptive of Pain in the Differential Diagnosis of Disease.

Van Buren Thorne, B.A., in The National Board of Health Magazine.

"The moment the question of pain as a symptom of disease is raised," says Prof. W. H. Thomson in lecturing to his classes, "abandon the consideration of every other symptom and trace that to the end. Question the patient in detail as to its character, location, duration and occurrence, and note carefully his gestures descriptive of the pain, for they are of great significance in determining its nature."

Prof. Thompson, whose skill as a diagnostician is so well known throughout America, has been an observer of this system of pain for many years, and the following remarks are based upon the results of observations:

When you ask a patient to locate his pain, he does so by a movement of one or both his hands. This gesture, however, not only indicates its seat, but describes its character and distribution. This is an all-important point. If the pain is widely distributed over the whole chest, the patient locates it with a circular rubbing motion of the hand, indicating the diffused soreness.

the pain of a serous inflammation, on the other hand, is described by first drawing the hand away from the body and then, with the fingers close together or with the index finger extended and the others flexed, cautiously approaching the seat of the inflammation.

In appendicitis the patient does not touch the skin at all when asked to locate the pain. He simply holds the palm of his hand over the diseased area.

With very violent abdominal pains which are not inflammatory, the patient slaps himself vigorously across the abdomen on being asked to indicate the location of his trouble.

If a child refers a persistent pain to the stomach, and there is no tenderness on pressure, disease of the spine is indicated.

In hip joint disease the pain will be refer-

red to a point inside the knee.

With terrific diffused pain in the leg not due to an inflammation, the patient grasps the leg firmly. If it is a darting or laminating pain he will indicate it with one finger.

In the pain caused by the descent of renal calculi and gall-stones, he follows the course with the top of the thumb or index finger.

The pain of hepatic neuralgia or "shingles" is indicated with the thumb or finger.

In joint pains the patient approaches the seat of the trouble very cautiously with the hand spread flat.

The degenerative pain of locomotor ataxia is described grasping the affected area firmly, indicating a band-like pain. Or, if the pain is sharp and lightning-like in the leg, the pain-gesture is perfectly descriptive; an energetic downward motion, at the same time twisting the hand as though manipulating a cork screw.

A patient will indicate the seat of a severe syphilitic headache by hammering with the tips of his fingers.

A patient complained of a severe headache. "In what part of the head is it?" he was asked. "The vertex," he replied. On being asked to indicate the exact spot, he placed his finger on the parietal eminence. This he did three times in succession, though claiming to feel the pain exactly on the top. Upon examining the mouth a defective tooth was found. As soon as it was removed the pain disappeared.

Doctor Bremer's Improved Method of Diagnosing Diabetes From a Drop of Blood.

British Medical Journal.

At a recent meeting of the Society of German Physicians of this city, Dr. Bremer demonstrated a new method of diagnosing diabetes mellitus by means of a most practical blood examination. The doctor has described in the *Centralbl. f. d. Mediz. Wissenschaft.*, 1894, No. 40, another method of diagnosing diabetes mellitus by microscopic blood examination in which the blood preparation is stained with eosine methylene

blue. That method is somewhat difficult as far as the exact mastery of the technique is concerned and also more time-consuming than is desirable for most practical purposes.

The method, however, shown at the meeting referred to is one of great practical value as it may be done as quickly as the chemical examination for glycosuria and, as a microscopic examination is not required, the procedure is exceedingly simple and may be done by any physician as well as layman. It consists in the gathering of one drop of blood from the patients' finger-tip by means of a needle puncture. The blood is spread upon a cover glass, which, after drying, is placed in a mixture of one part of alcohol to two parts of ether, which is then boiled for a few minutes. (A cold mixture may be used also, leaving the coverglass immersed for an hour.) The preparation is now ready to be stained, which is accomplished with a solution of one grain of a certain anilin dye in three drams of a mixture of two parts of water and one part of alcohol. This staining fluid is allowed to act upon the specimen for three or four minutes. The above anilin dye consists of a chemical union (not a mechanical mixture) of anilin products which Dr. Bremer intends to call Glycothallin.

The result of the color reaction is a sapphire-green in cases of diabetes, while the blood-film derived from non-diabetic individuals appears in a violet-red color. The microscope is not required in the examination. The green appearance of the blood-film upon the cover glass is due to a color reaction which takes place in the red-corpuscles and not in the plasma of the blood, as may be shown by a microscopic examination in which the erythrocytes appear of a green color.

Dr. Bremer claims that this new method for diagnosing diabetes is particularly valuable in those cases in which there is a temporary absence of sugar in the urine, as may occur upon a very rigid system of dieting, or upon the use of certain drugs, such as calomel or antipyrin.

It is also valuable in cases which appear to be upon the "diabetic border line," in

which sugar may not be detected in the urine, the test being, as the doctor stated, one of great precision and delicacy. The test is, moreover, particularly promising in examinations for life insurance. Cases are on record in which patients have deceived life insurance examiners in substituting, by a legerdemain, a specimen of healthy urine for their own. They may also practice deception by dieting themselves or by taking drugs before subjecting themselves to such examinations. If, by a simple examination of a drop of blood, such deceptions may be prevented, as the doctor claims, this new discovery will be one of the greatest practical value. Its many advantages are to obvious to fail in being universally appreciated.

Through the kindness of Dr. Bremer we have secured some of the staining substance and hope soon to be able to report personal observations with regard to the new discovery.

Evil Results of Nasal Application

British Medical Journal.

Bischof (*Therapeut. Monatsheft.*, September, 1895), summarizes the occasional evil results of local application to the nose. Otitis media following the nasal douche may be avoided by attention to the following points: The douche must not be at too high pressure, nor too prolonged; no swallowing or coughing to be allowed during douche; head to be slightly inclined forward; douche to be administered through the narrower of the two nostrils; nose not to be blown in the ordinary manner just after a douche, but patient to close one nostril while he blows out through the other; fluid used, to be at first lukewarm, then gradually cooler; nozzle of douche not to fit the nostril tightly; cotton wool to be worn in the ears after douche. Neuralgia results sometimes from allowing the stream of a douche to impinge on the roof of the nasal cavity; the nozzle of the douche should therefore be either horizontal or pointing downwards. Impairment or even permanent loss of smell

may result from the use of too strong solutions of zinc salts or alum. Nasal insufflations less often give rise to trouble, but powders should be used as weak as possible, for the mucous membrane is sometimes very sensitive to the stronger powders; prolonged lachrymation with swelling of the whole nose, neuralgia of the fifth nerve, and sometimes even membranous rhinitis following their use. Where chromic acid is applied to the nose, an alkaline douche should be used after the patient has blown the nose thoroughly; neglect of this has led to severe toxic symptoms due to swallowing of chromic acid. Adhesions between adjoining surfaces after use of caustics or galvano-cautery are to be avoided by application of ointments, and daily breaking down of adhesions. Many nervous disturbances have followed the use of the galvano-cautery, for example, headache, neuralgia, asthma, and in several cases more serious and even fatal results, especially pyemia and thrombosis of cerebral sinuses. The danger of septic processes is still greater in operations on the nose associated with much bleeding, for example, removal of polypus or growth, correction of septal division, etc. In view of such cases all instruments used for nasal operations should be sterilized, and the nasal cavities should be irrigated with antiseptic fluids after all such operations.

The Hygiene of the Face.

Medical Press and Circular.

To a very large porportion of the human race in civilized countries the skin covering the face is, under the designation of "the complexion," the subject of considerable and painstaking interest. Even those most exempt from vanity would prefer to have a physiognomy not readily identifiable by a more or less symmetrical crop of pimples, and a congested nose is not regarded as a thing of beauty, even in an omnibus driver. Yet, in spite of this general feeling in favor of a normal complexion, ignorance and carelessness between them wreak havoc, and it is the exception to meet with cheeks that

have seen more than twenty summers which do not betray traces of ill-treatment. Apart from indigestion and constipation—two potent factors in the ruin of a naturally healthy complexion—there are a variety of forms of mismanagement which conduce to blotchiness and pimply deformities. Among them must be ranked the practice of washing the face with hot water, a widespread form of self-indulgence in cold weather. The hot water, especially when, reinforced by a course or unduly alkaline soap, removes an unduly large proportion of the natural fat of the skin, leaving it with a roughened surface which is very liable to excoriate or "chaf," and requires more frequent washing to keep it clean, owing to its catching the dust. Nothing probably does so much to age the skin as too frequently repeated ablutions with hot water, and this may explain why the dainty French woman prefers to smear off the grime with the corner of a handkerchief steeped in glycerine, knowing by experience that good, honest soap and water is, in the long run, detrimental to the preservation of a youthful skin.

Pathologic Relation of the Liver and Intestines.

St. Louis Medical and Surgical Journal.

Professor Hanot, of Paris, in concluding his brilliant address on "The Intestines and Liver in Pathology," before the Congress of Internal Medicine recently held in Bordeaux, summed up as follows (*Ex.*): Physiologically there exist intimate nervous and circulatory relations between the liver and intestines. The liver is one of the essential parts of general nutrition; it feeds all organic activity and protects it against poisons; and lastly, it creates the bile. Thus the liver maintains the nutritive equilibrium of the intestine; it continually neutralizes the poisons which arrive at or are formed in the latter viscus; it also aids in the special work of digestion. The physiologic services rendered by the intestine to the liver are not so marked; it brings to the liver a part of the elements of nutrition

and of its special energy; it assists the liver in its digestive function, and perhaps assists also in its antitoxic action. The intestine appears to be a vestibule for all the toxic and infectious agents going to the liver in combinations and in multiple proportions—alimentary poisons like alcohol; digestive poisons like acetic, lactic and butyric acids; microbes and their toxins. Modern science has corrected an error of the old pathology—the portal vein is not the sole carrier of poisons; it brings only external poisons, so to speak; the hepatic artery in its turn brings those from the interior of the organism. Again, if the portal vein brings infection from the intestine to the liver, the hepatic artery distributes it generally. The noxious influence of the intestine on the liver is only exercised when the latter organ permits it; it is entirely subordinated to the hepatic condition. It is the state of the relations between the liver and the intestine from the pathologic point of view which is the beginning of the doctrine of intestinal antiseptics. We can now readily conceive that intestinal antiseptics ought not only to comprehend the action exerted directly on the intestine, but also the indirect action on the liver. While we are neutralizing the poisons in the intestine we must maintain or assist the antitoxic power of the liver, which helps to annihilate them. In destroying part of the poisons in the intestine we preserve the liver, so to speak. Again, by maintaining the antitoxic properties of the liver we defend it against the products of intoxication reaching it from the depths of the tissues, and which are added to the poisons of intestinal origin. In short, antiseptic measures are efficacious only when hepato-intestinal antiseptics is maintained.

Bandaging in Cases of Obstinate Hiccough.

John L. Jelks, M.D., *Memphis Medical Monthly*.

All who have had the misfortune of having to attend a case of obstinate hiccough can appreciate such as being one of the most distressing and obstinate affections of

an acute character which we may be called upon to treat; and as a little piece of originality, at least with me; I cite the following case:

B. S. B., male, of Clover Hill, Miss., came into my office late in the afternoon of September 19; where, upon entering, I found him stretched out on a sofa completely exhausted and unable to speak at first, but presently became somewhat more quiet, and was able to say he had hiccough. I at once resorted to the use of chloroform in a teaspoonful dose, which for a time somewhat relaxed and relieved the muscular spasm, when he was able to say that he had had the affection almost without abatement for four days and nights, and that his physician had done all that medical science seemed able to suggest, and that he was badly salivated. The spasm did not cease and recur at intervals, but continued in the greatest constancy. After seeing that the chloroform was only a temporary or alleviating measure, and noticing too that not only the diaphragm but also the abdominal muscles seemed through sympathy tetanized, presenting to the touch the appearance of a solid mass of contracted muscle along the lower borders of the ribs, the idea presented itself to me that bandaging, as it will do in other localities, might be as a splint to, and afford a rest to the muscles, diaphragm included, and quietude to the nerve supply thereto. I therefore applied tightly around the body at the lower portion of the ribs a roller next to the skin; when, upon completing same, my patient remarked that it afforded him great comfort and relief, though he continued for the time to hiccough. I continued also the treatment of chloroform, but only in fifteen-drop doses every one-half to one hour, and after the next day my patient had no further trouble.

The readers can readily see the rationale of my treatment; and without adding more, I earnestly hope that some of my professional brethren may, should they be called to see such a case, resort to this method of treatment as a trial for twenty-four or forty-eight hours, for I believe it to be worthy of further notice and trial.

Treatment of Hemorrhoids.

Dr. T. J. Bennett writes an article in the *Texas Medical Journal* which is condensed as follows in the *American Practitioner and News*: In general terms hemorrhoids are amenable to local and constitutional treatment when the tumors are small and recent; when they are highly inflammatory, involving either the anal margin or higher up; when they are varicose and simple; and when they are not extremely painful or bleeding. But hemorrhage is nearly always caused by fissures and not by hemorrhoids pure and simple. On the other hand, when the tumors are of long standing, large and painful; when they are not compressible, and are ulcerated and are filled with clots; when they are complicated with fissures and hemorrhage; when the sphincter has become so strong by the long stimulus of the inflammation that it is difficult to evacuate the bowels, and more difficult to return the tumors and thickened mucous membrane which may be protruding, operative interference is indicated, and in nearly all such cases imperative. It is fortunate, however, that nearly all of the operative procedures will succeed in curing the cases if properly performed, and some little judgment used in the selection of cases and operation to be employed.

Local treatment consists of rest in bed, the application of cold water, or hot water enemas of either, to suit the individual case, and the use of some such ointment as the following:

R Bismuth subgallati.....5j.
 Europhen 9j.
 Vaselinei 3j.

M. ft. ungt.

Sig: Apply well two or three times a day.

If the mucous membrane is very much irritated or inflamed and much pain is complained of, an anodyne, such as four or five grains of cocaine or morphine may be added to the ointment. Laxatives are to be given, as they are indicated to keep the bowels open and the actions soft. For this purpose I am inclined to tablets of cream tartar

two and a half grains, and sulphur four grains, each, administered to or three times daily. When the liver is congested, of course depletives, such as hypo-sulphite of soda or phosphate of soda may be given, and other treatment administered as indicated. And so other constitutional measures must be employed to meet other constitutional causes.

European Opinion Regarding the Use of Antitoxin in Diphtheria.

Buffalo Medical Journal.

On the results of Heilserum therapy (discussion before the Thirteenth Congress for Internal Medicine, in Berlin): Heubner, Berlin: Of 1,332 cases treated without serum, 38.3 per cent. died; of 1,390 with serum, 19.1 per cent. died. A difference in the clinical processes under serum cannot be determined. In 19 per cent. an exanthema followed injection, combined sometimes with fever and pain in joints. He favors serum treatment. Baginsky, Berlin: Mortality in Kaiser Friedrich's Hospital in years 1890 to 1894, 41 per cent.; of 525 cases treated with serum it was 15.81 per cent. Mortality of tracheotomies in other years, 59 per cent.; now, 38 per cent. Heart affections not influenced by serum treatment. Considers serum treatment the best and that the concomitant effects are of no moment. Rauke, Munich: Mortality in the last year at the Munchener Hospital was 57 per cent.; during antitoxin period, 21 per cent. Of 96 cases of primary diphtheria, 63 had laryngostenotic symptoms; in 33 per cent. the stenosis disappeared after injection. In other epidemics it disappeared in only 5 per cent. Of intubated cases, 30.9 per cent. died; in other epidemics, 69 to 73 per cent. Exanthemata are without significance, considering the great effects of the treatment. Seitz, Munich, had studied the complications observed before the use of serum; thinks the kidney complications are not more frequent under serum. Exanthemata more frequent, but of no significance. Sturynig, Jena, reports 59 cases treated with serum; 20 per

cent. died. Wiederhofer, Vienna, recommends antitoxin emphatically. Treupel, Freiburg-i-Br., reports experiments on animals, which prove antitoxin produces, at times, transitory albuminuria, but that it has no harmful effects on the organism. Siegert, Strasburg, found albuminuria in 14 per cent.; in cases treated with antitoxin, 41 per cent. Vierordt, Heidelberg: Nature of the disease different in the various epidemics, and that, therefore, it is difficult to form a certain judgment on the effects of treatment. Heubner concludes that all authors have established that serum can be applied without any damage, that the mortality is diminished, and that, therefore, further application of it is indicated.

Therapeutics of diphtheria, with special reference to antitoxin. (Discussion before the British Laryngo-Rhino- and Otological Association; seventh annual Summer meeting, July, 1895.) Dr. G. Sims Woodhead had had a large laboratory experience with antitoxin, and has examined nearly 5,000 specimens, from over 2,000 cases of diphtheria, during the past eight or nine months. Has full confidence in the future of antitoxin. Very valuable in early stages; less so in later stages when nerve and muscle lesions have occurred; not good in mixed cases where other poisons are present with the toxins of diphtheria. Is convinced that the serum is harmless even when injected in large doses. No hesitation in advising prophylactic injection. Mr. Lennox Browne: The preparation of antitoxin should be carefully selected, as specimens from different makers vary. Skin eruptions and joint pains are certainly septic. In 100 cases observed by him, 38 per cent. had these complications, while Moizard, of Paris, had only 14 per cent. Finds no improvement over classical remedies in using antitoxin. Mortality in one London hospital so great under antitoxin that it is no longer used. There is a tendency under serum treatment to increased kidney pressure. General condition of patient is not improved. Has been impressed by the great anemia persisting in children. Thinks there is some good in the treatment;

believes that injections are warranted in diseases that have resisted classical methods. We are not yet justified in accepting this treatment as specific in diphtheria. Statistics not reliable, because published too hastily. Deaths having occurred under prophylactic injection, we are not justified in using serum as a preventative. Dr. J. Macintire thinks the general opinion is against serum being a specific. If it be true that in the laboratory immunity is thought possible, he hopes that improved methods in preparing and in using serum may make it of greater value. Dr. De-Roaldes: The abandonment of serum by one London hospital is fit for serious thought. He calls attention to report of a medical commission, in New Orleans, appointed to test antitoxin. There was no selection of patients; injected at any stage, under ordinary hygienic conditions. Death rate did not exceed 8 per cent. in 250 cases. Its use cut the prevailing mortality one-third. Considers antitoxin of great value. Thinks it has come to stay. Mr. Daly is hopeful as to the future of antitoxin, but thinks we cannot afford to burn our bridges behind us in regard to classical methods of treatment. He uses antitoxin, but does not depend upon it exclusively.

Dr. Woodhead, closing discussion: In taking statistics it is not fair to any method of treatment to take a few selected cases. The serum treatment does not supply everything desired to overcome diphtheria. Anything in the old method, of service, must be used with the antitoxin. Antitoxine is not a panacea for all cases. In regard to renal changes, in postmortems on cases before the antitoxin treatment, a condition of nephritis was always found. This is due to the kidneys attempting to excrete the toxins. It may be pointed out that when albuminuria occurs as a result of the action of toxins on the kidneys that, if the antitoxin is pushed, the albuminuria is lessened; the toxins being so antagonized that they lose their stimulating power on the kidneys. This is now so well recognized that antitoxin is given in large doses to diminish albuminuria.

Discussion on serum treatment (Konig-

licher Verein der Artzte in Budapest, March 2, 1895): Hogyes believes that the mortality in diphtheria is so variable that up to now statistics prove that Heilserum has no influence. In experiments upon animals the minimising effect is always applied; in men the curative effect is specially urged. Weiss recommends serum treatment. Taugl thinks if serum had any effect the subsequent paralyzes and nephritis would not occur. Pertik also believes that statistics do not prove the efficacy of serum; further experiments should be performed. Purjesz thinks that the favorable statistics are obtained from the circumstance that now all the milder forms of diphtheria also come to the hospitals for treatment. He has observed one case of recurrence, first attack cured by serum. Three weeks later recurrence, serum given on first day of disease; but result was death.

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 639 Acetanilid, 1 gr.
 257 Aconite, tincture, 1 min.
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 314 Camphor monobromated, 1 gr.
 321 Cathartic Comp., Improved, 1-5 gr.
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- 454 Neuralgic (Dr. J. H. Kenyon).
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Headaches of Extra-Cranial Origin.

Read by Frank Woodbury, M.D., before the Mississippi Valley Medical Association, at Hot Springs, Ark.

In the discussion following the reading of this paper, Thomas Hunt Stucky, M.D., Ph.D., Professor of Theory and Practice and Clinical Medicine, Hospital College of Medicine, Louisville, Ky., said: "The paper just read is to me one of unusual interest and importance. When we take into consideration the many causes of headache, and look back upon the treatment for the past twenty years for the condition by opium or its alkaloids, chloral, the bromides, etc., and remember their tardiness of producing relief, the danger of having our patients becoming drug-habitués, 'tis indeed, a fact that antikamnia has proven a Godsend to the people, as well as the profession. One fact is evident, and that is that antikamnia has almost entirely displaced opium, its compounds and derivatives. If it has

done this and nothing more, its mission is a great one and its usefulness thoroughly established. 'It does not depress the heart's action; it does relieve pain. An extended use from its first appearance on the market has served to increase my confidence in the great value of antikamnia.'"—*Medical Record*.

Medical Morals.

The *British Medical Journal* contains a medico-ethico column, in which the serious problems of medical etiquette are gravely discussed and judiciously decided. The editor of this ethical section has recently discussed the question of whether charges should be made for attendance upon the wives of medical men. The question is answered in the negative, and now the query is raised, should charges be made for attendance upon the husbands of medical women.

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Case I.

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Artificial Human Milk.

A Berlin physician has devised what seems to be a rather novel method of imitating the modern milk. Cow's milk is fermented by means of rennet, and the whey thus obtained is carefully sterilized, and then enriched, as required by different individuals, by the addition of cream.

THE State Board of Health of Missouri has issued regulations regarding the requirements of persons who intended to study medicine. The minimum requirement recognized by the Board is one which demands the presentation of a diploma of graduation from a good literary or scientific college or high school, or a first-grade teacher's certificate.

THE *Medical and Surgical Reporter* has moved back its publishing office to Philadelphia.